

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | C.S.W. | | 29 Sep. 2000 |

INDEX OF CLAIMS

08/582, 830

✓ Rejected N Non-elected
..... Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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